

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 1  
FOR SE OF FORM 24/48

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>GOA VICTORY FUND</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00817122</div>                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                              |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                              |
| Full Name of Payee<br>IMGE, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                  | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">09 / 23 / 2024</div><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div></div> |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                              |
| Mailing Address 1401 H STREET NW<br>SUITE 550                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">9777.78</div>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                              |
| City WASHINGTON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | State DC                                                                                         | Zip Code 20005                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                           | <b>Transaction ID : SE24.19062</b>                                                                                                                                                                                                                                                                                                           |
| Purpose of Expenditure<br>DIGITAL MEDIA PRODUCTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> |                                                                                                                                                                                                                                                                                                                                                                  | Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">09 / 23 / 2024</div><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div></div> |                                                                                                                                                                                                                                                                                                                                              |
| Name of Federal Candidate<br>SHEEHY, TIM, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                  | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                           | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT                                                                                                                                                                                     |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">293868.69</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                              |
| Full Name of Payee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                  | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;"> </div><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div></div>              |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                              |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                              |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | State                                                                                            | Zip Code                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                           | Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;"> </div><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div></div> |
| Purpose of Expenditure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> |                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                              |
| Name of Federal Candidate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                  | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                           | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: _____                                                                                                                                                                                             |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                              |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">9777.78</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div></div><div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">9777.78</div></div></div></div>               |  |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                              |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.<br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature<br/><u>VELLECO, JOHN, , ,</u></div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: center;"><div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">09 / 25 / 2024</div><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div></div></div></div> |  |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                              |